

Director's Signature:

C. Halew

Time Log/Program / Area: 2048-- Boston Drug Lab

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Week Ending: May 29, 2010

Employee Name:		Sunday 05/23/10	Monday 05/24/10	Tuesday 05/25/10	Wednesday 05/26/10	Thursday 05/27/10	Friday 05/28/10	Saturday 05/29/10
Corbett,Kate <i>Kate Corbett</i> 45161000	Day: In - Out		6:45	7:45	7:45	7:45	7:45	
	Lunch: Out - In		12:00	12:30	12:00	12:00	12:00	
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.								
Dookhan,Annie <i>Annie Dookhan</i> 45161000	Day: In - Out		6:45	4:15	6:45	4:00	6:45	4:15
	Lunch: Out - In		12:00	12:30	12:00	12:30	12:00	12:30
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.			OT 1.5 ✓	OT 1.25 ✓	OT 1.5 ✓		OT 1.5 ✓	
Feiden, Stacey <i>Stacey Feiden</i> 8400-9745	Day: In - Out		8:15	4:15	7:30	3:30	8:15	1:45
	Lunch: Out - In		12:00	12:30	12:00	12:30	12:00	12:30
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.					2.55 ✓			
Frasca,Daniela <i>Daniela Frasca</i> 45161000	Day: In - Out		7:00	3:00	6:45	2:45	7:00	5:00
	Lunch: Out - In		1:05	1:35	1:10	1:40	12:45	1:15
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.					OT 2hr. ✓	OT 3hr. ✓		

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Employee Name:		Sunday 05/23/10	Monday 05/24/10	Tuesday 05/25/10	Wednesday 05/26/10	Thursday 05/27/10	Friday 05/28/10	Saturday 05/29/10
Glazer, Lisa 45161000 <i>Lisa Glazer</i>	Day: In - Out		6:45 2:45	6:45 4:15	6:45 2:45	6:45 2:45	6:45 2:45	
	Lunch: Out - In		12:00	12:30	12:00	12:30	12:00	12:30
	Outside Duty: From - To							
Employee Signature								
Document exceptions or comments, indicate type and amount.				1.5 hr OT ✓				
Lawler, Michael 45161000 <i>DL</i>	Day: In - Out				8:20 5:20	8:15		
	Lunch: Out - In				2:00 2:30	1:20		
	Outside Duty: From - To							
Employee Signature								
Document exceptions or comments, indicate type and amount.				FNW 7.5 ✓	VAC SIC 7.5 ✓	OT 1.0 ✓	SIC 7.5 ✓	
Medina, Nicole 45161000 <i>Nicole Medina</i>	Day: In - Out		7:20 3:50	7:45 3:45	7:45 3:45	7:15 3:15	7:40 2:55	
	Lunch: Out - In		12 12:30	12:00 12:30	12 12:30	12 12:30	12 12:30	
	Outside Duty: From - To							
Employee Signature								
Document exceptions or comments, indicate type and amount.							25.3. ✓	
O'Brien, Elisbeth 45161000 <i>Elisabeth O'Brien</i>	Day: In - Out		7:50 4:20	7:45 2:45	7:50 5:20	7:35 2:35		
	Lunch: Out - In		11:30 12:00	11:30 12:00	11:30 12:00	11:30 12:00		
	Outside Duty: From - To							
Employee Signature								
Document exceptions or comments, indicate type and amount.				(C) 1.0 ✓			VAC 6.5 ✓	

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Week Ending: May 29, 2010

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Employee Name:		Sunday 05/23/10	Monday 05/24/10	Tuesday 05/25/10	Wednesday 05/26/10	Thursday 05/27/10	Friday 05/28/10	Saturday 05/29/10
Philips, Gloria 45161000 <i>Gloria Philips</i> Employee Signature	Day: In - Out		8:15 4:15					
	Lunch: Out - In		12:00 12:30					
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.			VAC 7.5 ✓	CMT 7.5 ✓	CMT 7.5 ✓	CMT 7.5 ✓		
Piro, Peter 45161000 <i>Peter Piro</i> Employee Signature	Day: In - Out		7:30 6:00	7:15 6:15	7:30 6:30	7:15 6:15	6:00 6:45	6:45 4:45
	Lunch: Out - In		12:30 1:00	12- 12:30	12:30 1:00	12:30 1:00	12:30 1:00	12- 12:30
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.			OT 2.5 ✓	OT 3.0 ✓	OT 3.0 ✓	OT 3.0 ✓	OT 3.0 ✓	OT 9.5 ✓
Renczkowski, Daniel 45161000 <i>Daniel Renczkowski</i> Employee Signature	Day: In - Out		6:50 2:50	12:45 4:45	6:45 4:45	6:45 4:45	6:45 2:45	6:45 2:45
	Lunch: Out - In		12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	11:45 12:15	12:00 12:30
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.			OT 2 hrs ✓	OT 2 hrs ✓	OT 2 hrs ✓	OT 2 hrs ✓	OT 7.5 hrs ✓	
Saunders, Della 45161000 <i>Della Saunders</i> Employee Signature	Day: In - Out		6:45 6:15	6:45 4:45	6:45 10:45	6:45 2:45	6:45 3:15	6:45 2:45
	Lunch: Out - In		1:35 2:05	12:15 10:45		1:45 2:15	9:40 10:40	1:00 1:50
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.			OT 3.5 hrs ✓	OT 2 hrs ✓	VAC 3.5 ✓			OT 7.5 ✓

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William A. Hinton State Laboratory Institute

OVERTIME REQUEST FORM

This form is to be used to request and approve overtime, whether paid through an overtime rate or through comp time. The supervisor must anticipate and request overtime approval prior to the beginning of overtime work. The supervisor will keep the completed copy of the form and include it with the pay period's regular time and attendance records.

Name of Employee: Listed Below Employee #: Listed Below

Department: Drug Laboratory

Date(s) of overtime work: 5/29/10

of hours requested: Listed Below

Why work cannot be completed during regular hours: Significant Backlog of Samples

Overtime is to be: paid at OT rate _____ added to comp time balance _____
(if OT rate, complete below)

OT Account: 8100-9745

Approval:

Supervisor: C. Johnson

Date: 5/26/10

Department Head: Sylvanne Davis

Date: 5/26/10

Denial reason:

Name	Employee ID#	Overtime earned	Name	Employee ID #	Overtime earned
JES Michael Lantue	1214459	9.5 hrs			
Pete Piro	138634	9.5 hrs			
Daniel Renczkowski	297173	7.5 hrs			
Della Summers	147387	7.5 hrs			
Zhi Tan	148734	9.5 hrs			